Kentucky Department for Medicaid Services

Drug Review Options

The following chart lists the agenda items scheduled for review at the March 18, 2004, meeting of the Pharmacy and Therapeutics Advisory Committee and options that were submitted for review.

Item	Options for Consideration
Atypical Antipsychotics	1. All atypical antipsychotics are considered clinically equivalent in terms of efficacy, however, each of the drugs has a unique safety profile. 2. Select at least two (2) branded atypical antipsychotics to use as preferred agents based on economic evaluation. 3. Implement a grandfather clause, which allows patients currently on medications not selected as first-line to continue to receive their medication. 4. Atypical antipsychotic prescriptions will only be filled for Psychosis or Bipolar Disorder and will require the ICD-9 code on the prescription or as an alternative to the ICD-9 code on the prescription submit a prior authorization based on diagnosis. 5. Require an adequate trial of preferred agents before approval of non-preferred agents, or the presence of a medical contraindication of preferred agents before approval of non-preferred agents. 6. Clozaril will be available without prior authorization. 7. Set a quantity limit on the atypical antipsychotic medications: • Abilify, Zyprexa, and Symbyax limit to 30 units per month (30 day supply) • Geodon, Risperdal and Seroquel limit to 60 units per month (30 day supply) • Clozaril limit to 90 units per month (30 day supply) 8. Limit utilization to one (1) atypical antipsychotic medication per patient, with the exception of a 1-month crossover for medication changes when two (2) products may be used when titrating off an existing medication, and titrating up with a new medication. 9. Require Prior Authorization for Symbyax. 10. For any new chemical entity in the Atypical Antipsychotic class require a PA and quantity limit until reviewed by the P&T Advisory Committee.

The following terms will be utilized within the therapeutic monograph to classify medications during Drug Class Reviews. By using these terms, the reviewer will be able to easily identify any clinical differences between the medications within the class being reviewed.

Superior - Following evidence-based review, it is determined that the drug provides a therapeutic advantage, in terms of safety and/or efficacy, over other available products within the same treatment modality.

Novel - Following evidence-based review, the drug is therapeutically equivalent in both safety and efficacy, but represents a new therapeutic option, which expands the treatment modality.

Equivalent - Following evidence-based review, it is determined that the drug is therapeutically equivalent in both safety and efficacy to other available products within the same treatment modality.

Not Essential - Following evidence-based review, it is determined that the drug has no therapeutic advantage, due to either reduced safety or efficacy, over other available products within the same treatment modality.